



POTENTIAL LEADER FORM

One of our goals is to fill our open positions at the Hawaii State PTSA, so that as an organization, we can live up to our potential. There are many opportunities to help out. Please take the time to complete this form for yourself or for someone who you think would make a great leader. Rest assured the information you provide will be held in strict confidence and used only for PTSA/PTA business.

Contact Information

Last Name			First Name			Middle Initial		
Home Address				City		ZIP		
Phone			E-mail					
Local PTA Unit Name				Current PTA position				

Please let us know what volunteer areas you are interested in: (circle all that apply)

<input type="checkbox"/> Leadership	<input type="checkbox"/> Legislative	<input type="checkbox"/> Reflections/Arts
<input type="checkbox"/> Parent Involvement	<input type="checkbox"/> Educational Issues	<input type="checkbox"/> Marketing/Media
<input type="checkbox"/> Convention	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Safety
<input type="checkbox"/> Diversity	<input type="checkbox"/> Bylaws	<input type="checkbox"/> Parliamentary Procedure
<input type="checkbox"/> Membership	<input type="checkbox"/> Finance	<input type="checkbox"/> Awards & Recognition
<input type="checkbox"/> Male Involvement	<input type="checkbox"/> Field Services	<input type="checkbox"/> Business Partnerships
<input type="checkbox"/> Other:		

We would love to know more about you. We would love to hear about your professional and/or volunteer experience, or anything that you would like to share with us. Please tell us about yourself.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM!

PLEASE RETURN FORM TO:
HAWAII STATE PTSA - PO BOX 459, PEARL CITY, HI 96782
Email: histateptsa@gmail.com

If you have any questions, feel free to call us at 808-943-2042.